ALBERTA MENTAL HEALTH BOARD

Toward a Strategic Plan for Research

Results of the Needs and Priorities Assessment

Introduction

In June 2000, a questionnaire was distributed to AMHB staff and physicians to identify the needs and priorities for research in our organization, and to obtain input for further strategic planning. The experiences and ideas of internal stakeholders is much appreciated and will be used to define the vision, operating principles and strategies of the Research Program. In addition, the responses point to a set of possible initiatives for action in the short and longer terms. This document reports on the results of the survey as follows.

Methods

483 questionnaires were distributed throughout the AMHB, and 120 via mail to all AMHB affiliated physicians. The number distributed at each site was chosen to represent approximately 30% of management and professional staff, (who were deemed likely to have the greatest interest in the topic) but participation was not restricted to management/professional staff. Additional questionnaires were available upon request. Given that this was a consultation exercise, rather than a measurement exercise, the intention was *not* to obtain a representative sample of staff opinions, but to elicit the ideas and preferences among those with the greatest interest and/or stake in the future of research in our organization. The survey was anonymous to encourage frank and honest comment with no individualized follow-up or reminder protocol. It was implemented in a short time frame in the early summer, once again because the goal was to get the opinions of those most interested in this topic and motivated to participate.

Participation

Completed questionnaires were received from 135 stakeholders. The breakdown of responses by discipline, by work site and by geographic location is shown in Figures 1-3.

Figure 1 - Participation by Discipline

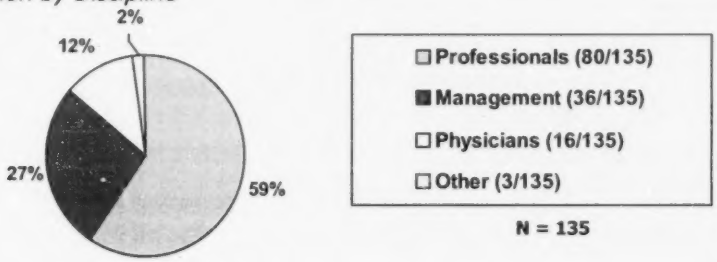


Figure 2 - Participation by Work Site:

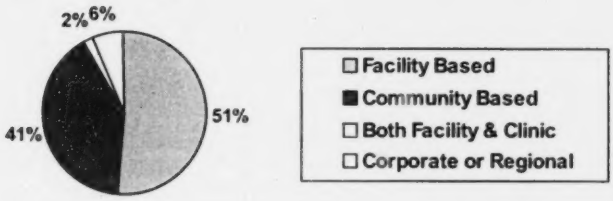
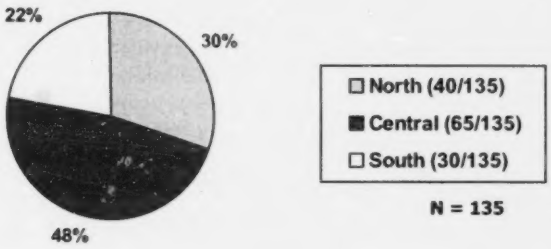


Figure 3 - Participation by Geographic Location:

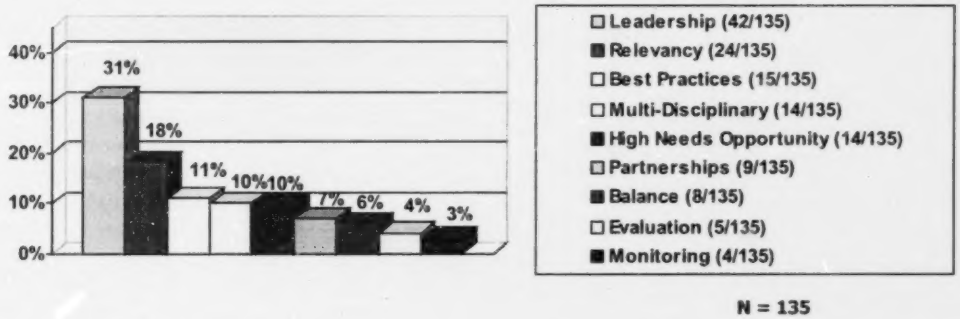


Findings

Guiding Principles

Respondents were asked to rank nine suggested guiding principles for an AMHB Research Program in order of importance. The priorities are shown in Figure 4, expressed as the frequency of respondents who ranked the given item first in importance (note that 4 and 5 are tied rankings).

Figure 4 - Overall Ranking of Guiding Principles



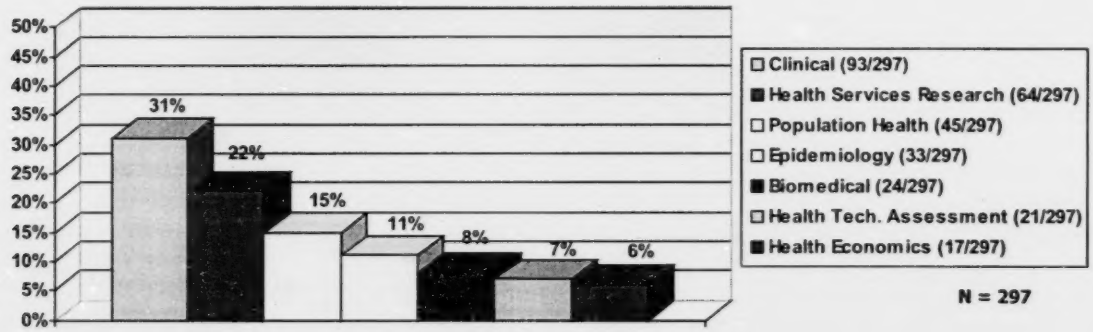
Note: See Appendix A for definitions

Leadership was considered to be the most important guiding principle overall, followed by relevancy and best practices. The principles multi-disciplinary and high needs/opportunity areas were tied in the middle of the group of rankings. There was less strong support overall for the partnerships, balance, evaluation/accountability and monitoring. This question also allowed for participants to write in other guiding principles - those suggested were: focusing research on "wellness" vs. health problems and ensuring dissemination processes.

Research Focus

Participants were asked to identify the types of research that should receive the most relative focus of the AMHB Research Program. For this question, the responses, expressed as the frequency of research types selected (more than one possible), are shown in Figure 5.

Figure 5 - Overall Rating of Research Focus



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Overall, it was felt that the AMHB should focus on clinical research. There was also strong support for the need for health services research. Population health research and epidemiologic research were also valued, but less emphasis was put on biomedical research, health technology assessment and health economic research by respondents. In their comments several respondents emphasized the need to have operational definitions to distinguish among research, evaluation and routine quality assurance functions/activities.

Strategies/Mechanisms

Respondents were provided with a number of possible strategies and mechanisms for promoting mental health research, and were asked to rate them in terms of if, and when, they should be accomplished.

a. External Strategies/Mechanisms

The rankings for external strategies (i.e. those that would be applied through external linkages) were derived from the frequencies of responses favoring action in 12 months or less, and fell in order of first to last priority as follows: (note that 3 and 4 are tied rankings).

1. *Promote the development of a provincial mental health research agenda (102)*
2. *Enhance mental health research personnel capacity in Alberta (101)*
3. *Develop a database of mental health researchers in Alberta (95)*
4. *Set up an informal network of mental health researchers (95)*
5. *Monitor levels of funding for mental health research in Alberta (90)*
6. *Strengthen linkages with key mental health research organizations (86)*
7. *Initiate collaborative mental health research projects (83)*
8. *Explore models for joint mental health research with RHAs (78)*
9. *Monitor capacity for mental health research in Alberta (70)*
10. *Participate in the external grant adjudication process (69)*

b. Internal Strategies/Mechanisms

Respondents placed stronger emphasis on internal strategies as compared to external strategies, as indicated by the frequencies of responses favoring action in 12 months or less. The internal strategies were prioritized in order of importance as follows:
(note that 3-6 are tied rankings)

1. *Set up a process to identify research skills and external resources (112)*
2. *Inventory all AMHB projects and researchers (111)*
3. *Set up an internal research fund (109)*
4. *Initiate a process for communicating internal research activities to all AMHB staff (109)*
5. *Set up a process to identify research needs (109)*
6. *Set up a process for adjudicating internal research proposals (109)*
7. *Set up a provincial process for ethical review and approval of all research projects (104)*
8. *Inventory all research policies and procedures (98)*
9. *Establish formalized internal liaisons with QI/Learning Resources/IM/IT etc. (97)*
10. *Provide consultation service to assist with grants, study design, data collection, etc. (97)*
11. *Develop ways to report/interpret research findings to AMHB decision-makers (96)*

Key Issues and Challenges

a. Structure of Research Program

Respondents were provided three options for how research activities could be structured within the AMHB, and were asked to rank them in order of preference (N = 129):

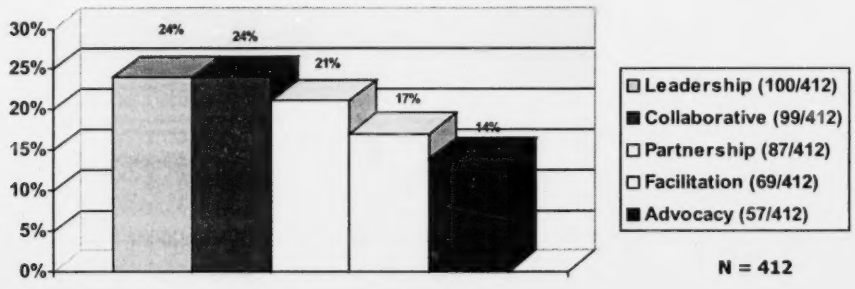
- 55 (43%) of respondents agreed that the research program should be structured as a separate, centralized function within AMHB that coordinates all internal and external research.
- 49 (38%) felt that research functions should be embedded within service delivery areas and budgets.
- 25 (19%) believed that the research program should be structured as a centralized consulting service to service delivery areas only.

A number of insightful comments were received regarding structure. Many noted the benefits of a centralized structure (critical mass of expertise, better coordination/less duplication, standards, increased profile/priority for research, protection of dollars for research) and the possible drawbacks (risk of stifling innovation through too much control, distance from front-lines and local issues). Many felt that centralization was necessary initially but that relevancy would best be served by evolving to a function that was embedded within service areas over time. For example one participant noted that *"I do not think the programs/service areas are sufficiently equipped, trained and/or motivated to prioritize a research agenda at this time". Another noted "I like the idea of research funding within service delivery areas for more local research (informal): however, there is value in some centralized consultation to promote cross linkages - serve as an expert resource to local sites, and coordinate and link with external players".* A third comment was *"centralizing this function with separate budget reporting mechanisms lends a high profile and priority to research. It promotes AMHB as one key player in the field - a role we need to augment".*

b. Role of the Research Program

Respondents were asked what role they felt the AMHB should play in the provincial context of mental health research. Responses expressed as the frequency of endorsements of the roles (multiple responses possible) are shown in Figure 6.

Figure 6 - Role of AMHB Research Program

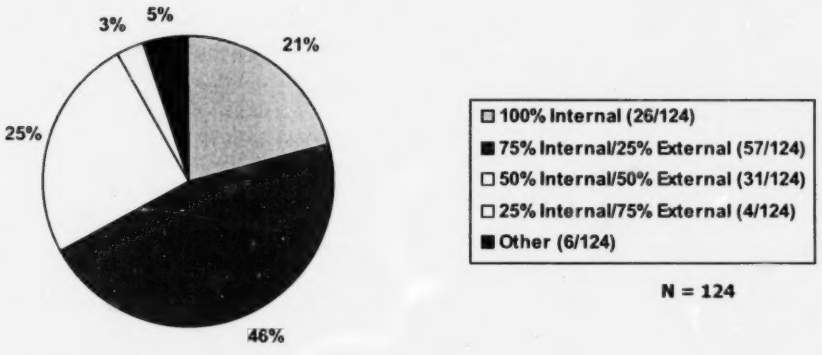


Note: See Appendix A for definitions

c. Internal vs. External Research

In terms of relative weight that AMHB should place on internal vs external initiatives, participants supported an emphasis on internal research with some involvement in external research, Figure 7. The responses are expressed as the percent of respondents favoring each split.

Figure 7: AMHB Research Emphasis

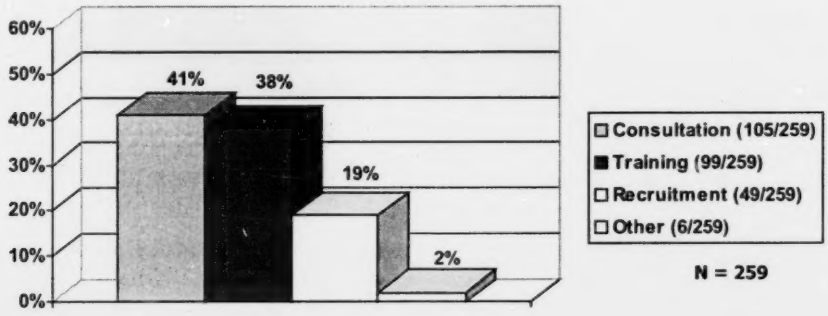


Note: See Appendix A for definitions

d. Building Human Capacity

Respondents were asked what the primary emphasis of the AMHB should be in terms of building human capacity to conduct research in the province. Responses are displayed in Figure 8, as a percent of endorsements of the three options (multiple responses possible).

Figure 8 - AMHB Focus



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Comments

In open-ended questions, advice was sought as to how to assist AMHB decision-makers in *identifying questions* of importance for research. There was strong endorsement of systematic communication, linkage and consultation processes at all levels of the organization and among other stakeholders to identify research questions with special emphasis on identifying issues at the grass roots as they surface in practice. For example one respondent recommended *"open lines of communication from front line employees, management, etc. to decision-makers to establish areas of research that are felt need to be addressed"*. A number of specific mechanisms were suggested for such a process including surveys, focus groups, processes within existing reporting lines/management structures and informal consultation.

Advice was also solicited on how to assist AMHB decision-makers in *using* research information in their decisions. Setting up processes and linkages for routine dissemination of research information to decision-makers were recommended along with many specific ideas on providing expert interpretation and making the information useable. Several respondents emphasized the need for linking research explicitly to decision and practice, for e.g. *"any decision that has relevant research information should be marked as such and the research attached with a plain language summary of its findings"* and *"by basing the research projects/agendas on issues relative to the AMHB mandate. Promoting the research projects/agendas (that) remain relevant to a client centered service and related issues"*.

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Summary

- 135 internal stakeholders provided feedback in the needs and priorities survey.
- The respondents were a mix of Management (27%), Professional Staff (59%) and Physicians (12%), who came from all areas of the province (30% North, 48% Central and 22% South) with balanced distribution across facilities and community (51% Facility/41% Community).
- The top four guiding principles for the Research Program, as ranked by stakeholders were leadership, relevancy, best practices and multi-disciplinary.
- Respondents supported an emphasis on clinical research and health services research, followed by population health and epidemiologic research.
- Ten external strategies/mechanisms for the Research Program were ranked. The top five were:

  Promote the development of a provincial mental health research agenda
  Enhance mental health research personnel capacity in Alberta
  Develop a database of mental health researchers in Alberta
  Set up an informal network of mental health researchers
  Monitor levels of funding for mental health research in Alberta

- Eleven internal strategies/mechanisms for the Research Program were ranked. The top five were:

  Set up a process to identify research skills and external resources
  Inventory all AMHB projects and researchers
  Set up an internal research fund
  Initiate a process for communicating internal research activities to all AMHB staff
  Set up a process to identify research needs

- In terms of structure, the majority of respondents (43%) favored a separate, centralized function that coordinates all internal and external research, but close links with service delivery areas were also valued. The majority felt that about 75% of our research efforts should be internally focussed, with 25% externally focussed.
- In the provincial context, participants felt that the role of AMHB with respect to mental health research should be one of leadership, followed by collaboration and partnership. Few favored simple facilitation or advocacy.
- For building human capacity to conduct research in our organization, the preference was for consultation and training over recruitment.

Appendix A

Definitions

Figure 4 - Guiding Principles

Leadership - The AMHB will assume a leadership role in mental health research in Alberta. The AMHB will promote the development of a provincial agenda for research, advocate for equitable funding, and conduct, coordinate or facilitate research activities.

Partnership - The AMHB will facilitate a network of mental health researchers. Linkages/partnerships will be established with provincial, national, and international agencies involved in mental health research. University-community access to mental health settings for participants for research purposes will be facilitated.

Multi-disciplinary Focus - Mental health research will have a multi-disciplinary focus, and will be encouraged through team-based research among all disciplines both internal and external to the AMHB (e.g. nursing, psychiatry, psychology, economics, rehabilitation medicine, social work, etc.)

Focus on High Needs/Opportunity Areas - The AMHB will initially focus on health services research and population research. The AMHB has a legitimate mandate to conduct this type of research. As the AMHB does not have expertise and/or infrastructure to conduct all types of research, it will sometimes be necessary to assume a facilitative role (i.e. advocate for, support and/or collaborate) in some areas, such as basic biomedical science.

Relevancy will be a Priority - Mental health services research will be focused on identified service delivery and practice problems to ensure relevancy for management and planning. Decision-makers will be involved in identifying research questions and receive timely results for implementation.

Best Practices - Best practices of identified mental health research programs elsewhere will be modeled. Scientific rigor and systematic methods will be expected, and the highest ethical standards will be applied.

Monitoring and Advocacy - The AMHB will track and report on mental health research in the province (both in-house and external spending), will raise awareness of mental health research issues, identify gaps in capacity, and advocate for research funding and training to bridge these gaps.

Evaluation and Accountability - The Research Program will incorporate evaluation processes with regular reporting on achievement of goals and objectives to stakeholders.

Balance - While emphasis will be placed on addressing questions identified by decision-makers, there will be room for innovative, investigator-driven projects with high potential for benefit even if their immediate applicability is not apparent.

Figure 5 - Focus (research types)

Health services research - Focuses on health systems, clinical, health delivery, technology assessment, utilization analysis, health promotion, outcomes evaluation and epidemiology. Health services research is intended to gather information that can be used for rational decision-making in the management of health and the health system. This includes research designed to increase our understanding of how research

knowledge is utilized in practice settings to produce favorable outcomes. Source: adapted from the Health Research Strategy Working Group (December, 1998)

Health economics research - is the study of factors that contribute to efficiency and equity in health care. The aim of health economics research is to gather information that can be used for rational decision-making in the management of health and the health system. Source: University of Calgary Department of Economics

Health technology assessment - is the study of the properties, effects and other impacts of health care technology. Health technology assessment provides objective information in order to support health care decisions and policy making. Source: AHFMR Health Technology Assessment Unit

Epidemiology - is the study of the frequency, distribution, and determinants of disease in humans. The aim of epidemiologic research is to provide better information on the incidence and prevalence of mental health problems so as to improve planning and delivery of mental health services. Source: adapted from the Harvard School of Public Health website

Population health research - focuses on factors that enhance the health and well-being of the overall population (i.e., the economic, social, environmental, physical and genetic determinants of health and the services that promote and maintain health). Source: adapted from the Health Research Strategy Working Group (December, 1998)

Figure 6 - Role (in provincial context)

Leadership - taking a lead in actively conducting and promoting mental health research and research agendas
Partnership - striking formal agreements to pursue research and agendas together
Collaborative - participating in projects with others that are initiated by either ourselves or others
Facilitation - assisting with/supporting actions that others take
Advocacy - lobbying for others to take action and monitoring the actions that they take

Figure 7 - Relative Weight on Internal vs. External Research

Internal Research - projects which are initiated and funded from within the organization exclusively and are implemented by our staff or contractors.

External Research - projects which are partially or completely initiated, funded, and/or implemented by researchers who are not staff or contractors.

Figure 8 - Building Human Capacity to Conduct Research in the Province

Training - we train our staff or send them for training
Consultation - we link experts/researchers with our staff/researchers to assist with projects or provide expertise
Recruitment - we recruit or encourage recruitment of qualified academic researchers from out of province